## Welfare-to-Work Summary of Expenditures Instructions Monthly Attachment to Line Item Invoice

**Work Experience** can be with public or private employers. Participants in work experience positions funded through the WtW Grant program are considered temporary employees, will apply for the work and be subject to hiring and termination by the employer, and will be expected to perform work for the benefit of the employer. The activity must comply with the anti-displacement provisions contained in State law.

**Job Creation** through public or private sector employment wage subsidies. The WtW client draws a salary and is considered an employee.

**On-the-Job-Training** is employment by an employer in the public or private sector. A portion of the wages paid by the employer is reimbursed to cover the employer's expense in training the individual.

Job Search and Job Readiness Assistance means providing the recipient with training to learn job seeking and interviewing skills, to understand employer expectations, and learn skills designed to enhance an individual's capacity to move toward self-sufficiency. (Welfare and Institutions Code Section 11322.6(n))

**Job Placement** means subsidized or unsubsidized employment with a public or private employer, through vouchers or contracts with public or private providers. Job placement includes, but is not limited to assessing skills, identifying ranges of occupations available in the local labor market, and developing jobs.

**Post-Employment Services** including, but not limited to, basic educational skills training, occupational skills training, English as a second language training, and job mentoring, financed through vouchers or contracts with public or private providers.

Job Retention and Support Services will include, but not be limited to, childcare, transportation, mental health, and non-medical substance abuse treatment as necessary to obtain or retain a job.

Other supportive Services means individual and family couseling, materials for individuals with disabilities, job coaches, dependent care, meals, financial counseling, and other reasonable expenses required for job readiness or employment activities.

Individual Development Accounts (IDAs) established by or for an individual that allow the individual to contribute earned income in order to accumulate funds for the following purposes:

 Postsecondary educational expenses paid directly to an eligible educational institution;

Qualified acquisition costs for a qualified principal residence; and

 Transfer to a business capitalization account, established in a federally insured financial institution.

Contributions of earned income to IDAs may also be made by not-for-profit organizations and state or local government agencies, as described in Section 404(h)(3)(b) of the Social Security Act.

Refer to Title 20 CFR Sections 645.220 and 645.230(a)(3) for allowable activities.

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Section III. Cumulative Expenditures

Each Contractor shall report program outlays on an accrual basis. If the Contractor's accounting records are not normally kept on the accrual basis, the Contractor shall develop such accrual information through an analysis of the documentation on hand. Please do not leave any lines blank. Enter either the "expenditure

amounts" or "0" for no entries.	
Item	Instructions
Total Expenditures by     Activities	Enter the total cumulative accrued expenditures for the appropriate activities identified in Section II, Items 1 through 14 (broken down into 70% and 30% categories).  Refer to Title 20 CFR 645.230 and 20 CFR 645.240(c)
2. Total Administration	Enter the Total WtW Expenditures that are expended for administration by 70% and 30%. Technology/Computerization expenditures are not to be included. (Section III, item 3.)  Guidance:
	Personnel and related nonpersonnel costs, including project directors, who perform both administrative and programmatic services or activities, may be allocated to the benefiting cost objectives/categories based on documented distributions of actual worked or other equitable cost allocation methods.
	Indirect or overhead cost normally shall be charged to an overhead or indirect cost pool that can be identified directly with a cost objective/category – other than administration – may be charged to the cost objective/category directly benefited. Documentation of such charges shall be maintained (Title 20 CFR Section 645.235).
3. Total Technology/ Computerization	Enter the "Total WtW Expenditures" that are expended for information technology (computer hardware or software) needed for tracking or monitoring under a WtW grant. Administration expenditures are not to be included.
	Please utilize the separate columns for 70% and 30% Groups.
	According to Title 20 CFR Section 645.235(c): The costs of information technology – computer hardware and software – needed for tracking or monitoring under WtW grant <b>shall not</b> be charged to administration of the grant.
4. Total Required Beneficiaries – 70%	Enter the total of the 70% Sections III1., III2., and III3. This is the total accrued amount expended on the Required Beneficiaries as defined in Title 20 CFR Section 645.212.
5. Total Other Eligibles – 30%	Enter the total of the 30% Sections III1., III2., and III3. This is the total accrued amount expended on the Other Eligibles as defined in Title 20 CFR Section 645.212.
6. Total WtW Expenditures	Enter the total of Section III4. and III5.
	This amount should equal the amount reported on Invoice as "Total Cash Disbursed to Date".

IV Other Penortable Items

Section IV. Other Reportable items				
Item	Instructions			
Non-Federal Match	Enter the cumulative total amount of actual non-federal match expenditures.			
	This amount includes the total of "In-Kind Match". 20CFR 645.300(2)(i)			
2. In-Kind Match	Enter the amount of Item IV-A, "Non-Federal Match" which is In-Kind Match			
	from third parties. Limited to 50 percent Maximum. 20CFR 645.300(2)(II)			
3. Program Income Earned	Enter the amount of Net Program Income Earned that was directly generated			

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		the transfer of the transfer o
		or earned only as a result of the Contract on which you are reporting.
4.	Program Income Expended	Enter the amount of accrued expenditures of program income.
5.	Unliquidated Obligations	Enter the cumulative funds that have been obligated (contracts and purchase orders) but for which services or goods have not been received.
6.	Total Cash Received	Used for closeout reports only. Enter the total amount of cash received from the County.
		Note: If you indicated in Section I that this is a (C) closeout report, you must enter the total cash received amount here.

#### Section V. Comments

Enter any comments in this section. If expenditures vary from the Welfare-to-Work Program Budget by more than 15 percent, an explanation is required in this section.

#### Section VI. Certification

Section vi. Certification			
Item	Instructions		
Name	Enter the name of the authorized official who will be signing the form.		
Title	Enter the title of the authorized official.		
Phone Number	Enter the phone number of the authorized official.		
Signature	The authorized official must sign the form. The signature certifies that the form has been accurately completed, with the valid data, and in compliance with the Welfare-to-Work program.		
Contact Person	Enter the name of a contact person in the event any questions should arise concerning information on the completed form. The contact person will, in most cases, be the individual who prepared the report.		
Title	Enter the contact person's title.		
Phone Number	Enter the contact person's phone number.		
Date Submitted	Enter the date the form is signed and submitted to the County of Los Angeles.		

## Welfare-to-Work Interim Participant Report

1.	(	Contractor Name & Address		Contract Number:     Grant Code:				
		, '	4.	Report Period Ending:				
l. C	100	NTRACT INFORMATION		Britan in				
Α	١. '	Year of Appropriation						
В	3.	Report Revision Number						
C	Э.	Contract Term:		From:				
				To:				
II. F	PAF	RTICIPANT SUMMARY		CUMULATIVE TOTALS				
A	۹.	Total Active Participants (B minus C)						
E	3.	Total Participants Served						
		<ol> <li>Required Beneficiaries (70% of \$ N</li> </ol>	mum)					
		2. Other Eligibles (30% of \$ Minimum)	)					
(	C.	Total Participants Terminated						
		<ol> <li>Required Beneficiaries (70% of \$ N</li> </ol>						
	2. Other Eligibles (30% of \$ Minimum)							
[	D. Placed in Unsubsidized Employment							
	Greater Than or Equal to 30 Hours per Week							
	2. Less Than 30 Hours per Week							
	E. Employed in Unsubsidized Employment When Entering WtW							
	Greater Than or Equal to 30 Hours per Week							
		2. Less Than 30 Hours per Week						
	F.	Placed in Subsidezed Employment						
		Greater Than or Equal to 30 Hours	s pe	er Week				
		2. Less Than 30 Hours per Week						
111.	AC	CTIVITIES SUMMARY						
	Α.	Total Activities						
		Community Service						
		Work Experience Program						
		<ol><li>Public Sector Employment Wage \$</li></ol>						
		<ol> <li>Private Sector Employment Wage</li> </ol>	Su	bsidy				
		5. On-the-Job Training						
		Job Readiness Services						
		7 Job Placement Services						

## Welfare-to-Work Interim Participant Report (continued)

II. ACTIVITIES SUN	IMARY (continued)		ENGLISH COLUMN				
8. Post-Emp	oloyment Services						
9. No Longe	er Used						
10. Job Rete	10. Job Retention Services						
11. Supportiv	11. Supportive Services						
	12. Other Employment Activities						
13. In-Depth	Assessment, Individualized	Service Strate	egy, or				
Case Ma	nagement Services		**************************************	**************************************	Quarter		
V. FAMILY SUMMA	RY	First Month	Second Month	Third Month	Total		
A. Total Number	r of Families Served						
B. Total Numbe	r of Participants Served						
C. Total Numbe Served	r of Non-Custodial Parents						
D. Total Numbe	r of Families Terminated						
E. Total Numbe Terminated	r of Participants						
/. TOTAL ACCURE	ED EXPENDITURES						
/I. INDIVIDUAL DE	VELOPMENT ACCOUNTS						
VII. COMMENTS							
VIII. CERTIFICATION							
Name Title		Phone No.		Signature			
Contact Person Title		Phone No.		Date Submitted			